## Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>07/08/2010</u>	Address:	1016 CINCINNATTI ST
Case #:	14F-40112		<u>LAFAYETTE, IN</u>
County:	<u>TIPPECANOE</u>		<u>47905</u>
Type of Laboratory Seizure (check one)  ☐ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only)		Seizure Location (a  Residence Outbuilding Vehicle	theck all that apply)  If I otel/Motel  Open — No Structure  Other:
Items Found: Location (bedroom, kitchen, open air, etc)			
(check all that apply)  Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents:			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia: Back seat			
Hydrochloric Acid Gas Generator(s):			
Corrosive Acid:			
Corrosive Base:			
Other (item and location): PSE boxes in front seat			
Yes _ No	er age 18 discovered (check one) (number present) eport to Child Protective Services	☐ Ephedrir ☐ Retail/M	re Information ne/Pseudoephedrine Tracking Log lerchant Tip affic Stop
This report is to be faxed to the following agencies that serve the location:			
Fire Dopar	tment: <u>Lafayette FD</u>	Fax: <u>765-807-1601</u>	
Health Dep	partment: <u>NA</u>	Fax: <u>NA</u> Fax: <u>NA</u>	
Child Protection Service: NA			
For further information regarding this methamphetamine laboratory, contact Investigating Officer; B. Russell Phone 765-567-2125			

- \*\* This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.
- \*\*\* This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.